


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90027 023 ****61.25

DOCUMENT # C92000000013					
1. Entity Name THE FIRST PRESBYTERIAN CHURCH OF LEESBURG, FLORIDA					
Principal Place of Business 200 S LONE OAK DRIVE LEESBURG FL 34748			Mailing Address P.O. BOX 491246 LEESBURG FL 34749-1246		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-0872674	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
POWELL, VIRGINIA M 1080 ISLAND WAY LEESBURG FL 34748				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Virginia M. Powell</i></u> P.D. <u><i>1-27-04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	POWELL, VIRGINIA M.				
STREET ADDRESS	1080 ISLAND WAY				
CITY-ST-ZIP	LEESBURG FL				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	WILLIAM, WELCH				
STREET ADDRESS	30 MCHALE DRIVE				
CITY-ST-ZIP	LEESBURG FL 34748				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	MILLER, E.F. JR.				
STREET ADDRESS	35911 LAKE UNITY NURSERY ROAD				
CITY-ST-ZIP	FRUITLAND PARK FL 34731				
TITLE	S	<input checked="" type="checkbox"/> Delete			
NAME	WEBER, JOHN				
STREET ADDRESS	10349 BAY STREET				
CITY-ST-ZIP	LEESBURG FL 34788				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Weber, Grace				
STREET ADDRESS	10349 Bay Street				
CITY-ST-ZIP	Leesburg, FL 34788				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: X <u><i>Virginia M. Powell</i></u> <u><i>1-27-04</i></u> <u><i>352-788-5687</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					